

**DEPARTMENT OF BUILDING AND ZONING  
OF COOK COUNTY, ILLINOIS**

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COMMISSIONER OF BUILDING AND ZONING  
OF COOK COUNTY



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## APPLICATION FOR RE-ROOF / SIDING\* PERMIT

### PROPERTY OWNER INFORMATION

Mailing Address (NUMBER / STREET / CITY / STATE / ZIP)		Contact Person
Property Owner or Business Name	Phone	Property Owner Email

### CONTRACTOR INFORMATION

Who will be performing the work? <input type="checkbox"/> Hired Contractor <input type="checkbox"/> Homeowner (Residence must be occupied.)		Are you registered with Cook County to perform contracting work? <input type="checkbox"/> Yes, my County registration numbers are below. <input type="checkbox"/> No, I will need to register as a Contractor (Homeowner or Business).	
<input type="checkbox"/> Roofing Trade (Required) REG #	<input type="checkbox"/> General (If more than one trade required) REG #	<input type="checkbox"/> Carpentry (If required) REG #	
Contractor (Company) Name		Contact Person	
Company Address (NUMBER / STREET / CITY / STATE / ZIP)		Contractor Email	

### PROJECT DATA

*Answers below provide basic information on the project. Examiners may request additional information depending on project scope.*

Project Address (NUMBER / STREET / CITY / STATE / ZIP)		Property Index Number (PIN)	
Who is the applicant of record responsible for this permit? (Responsible for Tracking Status, Fees, Coordinating Inspections) <input type="checkbox"/> Property owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____			
Estimated Cost of Work \$	Structures Included <input type="checkbox"/> House <input type="checkbox"/> Townhouse / Apartment <input type="checkbox"/> Detached Garage <input type="checkbox"/> Sheds or Gazebos <input type="checkbox"/> Business		
Roof Types (Check all that apply) <input type="checkbox"/> Flat / Low Slope <input type="checkbox"/> Pitched: Rise / Run _____ <input type="checkbox"/> Mansard			
Roofing Underlayment Type and Weight			
Valley Lining Description <input type="checkbox"/> No valley <input type="checkbox"/> OPEN valley with metal lining <input type="checkbox"/> OPEN valley with roll roofing <input type="checkbox"/> CLOSED valley with roll roofing <input type="checkbox"/> CLOSED valley with self-adhering, polymer-modified bitumen sheet			
Skylight information <input type="checkbox"/> No skylight <input type="checkbox"/> Reuse existing <input type="checkbox"/> Replace with new, skylight U-Value; framing information (existing opening or new) will be provided			
Ice Barrier (Ice and Water Shield) <input type="checkbox"/> Placement in Valleys Required: Width _____ (inches) <input type="checkbox"/> Placement at eaves and overhangs: Width _____ (inches)			
Roof Cover (In addition to listing the roof type, we require you to provide a brochure of the shingles or membrane system that shows UL fire classification.) <input type="checkbox"/> Fiberglass / Asphalt Shingle: Product: _____ <input type="checkbox"/> Wood Shake: _____ <input type="checkbox"/> Built-Up Roof System _____ <input type="checkbox"/> Membrane _____ <input type="checkbox"/> Standing Seam _____			
Structural Change information Please note: When structural changes require roof framing replacement, relocation, or alteration (e.g. rafter replacement, skylight opening, chimney work, and other structural work, detailed drawings are required, and it must be signed and sealed by an Illinois-registered architect or structural engineer. <input type="checkbox"/> No change <input type="checkbox"/> Yes, detailed drawings signed and sealed by Illinois-registered architect or structural engineer will be provided.			
Existing Layers and Decking <input type="checkbox"/> This project is a total tear-off down to decking. <input type="checkbox"/> This project is a "shingle over" reroof. There are _____ layers of shingles existing. Roof decking must be sound condition and absent of any rot or damage. In the event damaged sheathing is discovered, please initial and agree that decking will be replaced with the same material and same thickness as existing or better. Initials: _____			
Flashing / Copping / Parapets, Please indicate areas of flashing and drip edge (along vertical walls, chimneys / roof penetrations / edges)			
Venting (indicate types: Ridge and undereave, box and turtle vents / power vents)			
Will this Installation require the removal and replacement of any electrical equipment such as power fans and vents? <input type="checkbox"/> No   <input type="checkbox"/> Yes, the following will require replacement _____			
Siding * This alone does not require a permit. However, if it is to be included in the scope of work along with the roof, what type of siding is being installed?			
Please attach the following items with this application. <input type="checkbox"/> SIGNED LETTER OF INTENT <input type="checkbox"/> PROPOSAL / DESCRIPTION OF WORK <input type="checkbox"/> ROOFING BROCHURES <input type="checkbox"/> AERIAL VIEW OF THE ROOF <input type="checkbox"/> PLAT OF SURVEY			

**\*\* If the scope of work extends beyond what this form covers, applicants risk a violation and may have to provide additional information.**

Updated 6/25/2020